

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590,090

FILING DATE

8-21-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			e			
3				1		
4				1		
5				1		
6				1		
7			e			
8				1		
9				1		
10			e			
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20			1			
21				1		
22			e			
23				1		
24				1		
25				1		
26				1		
27			e			
28				1		
29			e			
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36			1			
37				1		
38				1		
39				1		
40				1		
41				1		
42			e			
43				1		
44				1		
45				1		
46			e			
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			e			
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
64				1		
65				1		
66				1		
67				1		
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74				1		
75				1		
76				1		
77				1		
78				1		
79				1		
80			e			
81				1		
82				1		
83				1		
84				1		
85				1		
86				1		
87				1		
88				1		
89				1		
90				1		
91				1		
92				1		
93				1		
94				1		
95				1		
96				1		
97				1		
98				1		
99				1		
100				1		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	32	←		←
TOTAL CLAIMS			35			